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IBEW NECA Conduit 401k Plan ENROLLMENT FORM

Please complete the following information (type or print) and return the completed and executed form to the fund office. Any contributions made to the Plan will initially be invested in the Plan's default investment fund, the Vanguard target date funds, based upon your year of birth. After the first contribution is received by John Hancock, you can change your investment elections by accessing myplan.johnhancock.com or by calling John Hancock at 1.833.38-UNION.

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Date:



IBEW NECA Conduit 401k Plan Designation of Beneficiary Form

FIRST NAME	MI	LAST NAME			SOCIAL SE	CCURITY NO.	DATE OF BIRTH	
STREET ADDRESS			CITY			STATE	ZIP CODE	
EMPLOYER			LOCAL NUMBER (circle one)					
			146	193	538	601	IBEW NECA	

CURRENT MARITAL STATUS

- Not married. I understand that if I become married in the future, my spouse will be my primary beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation.
- Married. I understand that my spouse will be my primary beneficiary. However, I understand I may designate a primary beneficiary other than my spouse on the space below if my spouse signs the section below entitled "Consent of Spouse."

		PRIM	ARY BENEFICIA	RY #1			
FIRST NAME	MI	LAST NAME			SOCIAL SECURITY NO.		DATE OF BIRTH
STREET ADDRESS			CITY			STATE	ZIP CODE
RELATIONSHIP					PERCENTA	AGE	

		PRIMA	ARY BENEFICIA	RY #2			
FIRST NAME	MI	LAST NAME			SOCIAL SECURITY NO.		DATE OF BIRTH
STREET ADDRESS	•	·	CITY			STATE	ZIP CODE
RELATIONSHIP					PERCENTAGE		

	CONTIN	NGENT BENEFIC	IARY #1			
MI	LAST NAME		SOCIA	SOCIAL SECURITY NO.		
		CITY		STATE	ZIP CODE	
RELATIONSHIP				PERCENTAGE		
MI				L SECURITY NO.	DATE OF	
					BIRTH	
STREET ADDRESS			STATE		ZIP CODE	
RELATIONSHIP			DEDCE	NTAGE		
		MI LAST NAM	MI LAST NAME CITY CONTINGENT BENEFICE	CITY PERCE CONTINGENT BENEFICIARY #2 MI LAST NAME SOCIAL CITY	MI LAST NAME SOCIAL SECURITY NO. CITY STATE PERCENTAGE CONTINGENT BENEFICIARY #2 MI LAST NAME SOCIAL SECURITY NO. CITY STATE	

AUTHORIZATION I certify that the information provided on this form is correct.	
Signature:	Date:
CONSENT OF SPOUSE	
I hereby consent to the above designation of beneficiary. I understand that if anyone other this form I am waiving any right I may have to received benefits under the Plan when my Sp	
Spouse Signature:	Date:
The signature of the spouse must be witnessed by the Plan Administrator or Notary Public.	
Plan Administrator Signature:	Date:
Notary Signature:	Date:

Please return this form to: IBEW-NECA Conduit 401(k) Plan, 2120 Hubbard Ave., Decatur, IL 62526-2871